CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

Pr 4:29

| The C/OH Instruction (| Guide explains how to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
|------------------------------|---|---|--|
| 3 CANDIDATE/ | (MS) MRS / MR FIRST | MI | OFFICE USE ONLY |
| OFFICEHOLDER NAME | ANNE | ₹. | |
| | NICKNAME LAST | SUFFIX | Date Received |
| | DUFFY | | |
| 4 CANDIDATE / OFFICEHOLDER | ADDRESS / PO BOX: APT / SUITE #, | CITY; STATE, ZIP CODE | 9 +0 1/2 or man a v |
| MAILING | ADIL CHICKKAL | TLINLA | 18 JAN 1 |
| ADDRESS | 1 Danis Mink -T | 1 70112 1 | |
| Change of Address | Caller Mer | 1 DUID | LMQ |
| 5 CANDIDATE/ OFFICEHOLDER | AREA CODE PHONE NUMBER | EXTENSION | |
| PHONE | (512) +36-4 | SUF | Date Hand-delivered or Date Postmarked |
| 6 CAMPAIGN | MS (MRS) MR FIRST | MI | Receipt # Amount S |
| TREASURER NAME | Heidi | | Date Processed |
| 1 77 17 (bass | NICKNAME LAST | SUFFIX | |
| | Houde | K | Date Imaged |
| 7 CAMPAIGN | STREET ADDRESS (NO PO BOX PLEASE): APT / SL | UITE#: CITY: STATE: | ZIP CODE |
| TREASURER ADDRESS | 11872 NP 19501 | DAMAR INT | C) |
| (Residence or Business) | 1 | | |
| | LEDURYU'S, T | 1X 18613 | |
| 8 CAMPAIGN | AREA CODE PHONE NUMBER | EXTENSION | |
| TREASURER PHONE | (5) W 7-500 - OK | 401 | |
| | | | |
| | | | |
| 9 REPORT TYPE | January 15 30th day before el | lection Runofi | 15th day after campaign |
| | | Lannary T. C. | lreasurer appointment (Officeholder Only) |
| | July 15 8th day before elec | ction Exceeded \$500 limit | Final Report (Attach C/OH - FR) |
| | | | Name and the second sec |
| 10 PERIOD COVERED | Month Day Year | Month | Day Year |
| | 7/16/17 | THROUGH | 15/18 |
| 11 ELECTION | ELECTION DATE | EJ CATIAN TVDE | |
| 11 had had had 1 1 1 1 1 1 | | ELECTION TYPE Runoff Other | |
| | | Description | |
| | General | Special | |
| 12 OFFICE | OFFICE HELD (If any) | 13 OFFICE SOUGHT (if known) | |
| | Chan for KUIN | | |
| | - Council | | |
| | Places | | |
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| | GO 10 7 | FAGE 2 | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME ANNEK | . Druff | V | 15 Filer ID (Ethics Commission Filers) | |
|--|---|---|--|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | |
| | GENERAL | | | |
| | SPECIFIC | COMMITTEE ADDRESS | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| Additional Pages | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |
| 17 CONTRIBUTION TOTALS | 1. TOTAL E | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEM! | IAN \$ () | |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ O | |
| EXPENDITURE TOTALS | TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$. | | | |
| | 4. TOTAL POLITICAL EXPENDITURES \$ 174.95 | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 272, 05 | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ | | | |
| 18 AFFIDAVIT | | Louise creffing under south, etc. | | |
| LEANN M. QUINN Wy Notary ID # 11692430 Expires July 30, 2019 Leann M. Quinn Leann M. Quinn | | | | |
| | | Signature of Can | didate or Officeholder | |
| AFFIX NOTARY STAME | 7/SEALABOVE | | | |
| Sworn to and subscri | 000 | | , this the | |
| day of /// // | 4620 / 8 .1 | o certify which, witness my hand and seal of office. | 0 - 1 - | |
| Silm | me. | LEADOM- WUDD | (1/4 Sec | |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 | FILER NAME 20 Filer ID (Ethics Con | mmission Filers) |
|-----|--|--------------------|
| 21 | SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ <i>(</i>) |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ <i>Ô</i> |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ <i>(</i>) |
| 4. | SCHEDULE E: LOANS | \$ () |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$174.95 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ () |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ () |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ () |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | * () |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ () |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | * () |
| | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-at-state PAC (ID#:_ 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| T | he Instruction Guide explains how to complete this for | n, | 1 Total pages Schedule A2: | |
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| 2 FILEA HAM | Evet. Juffet | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL C | F UNITEMIZED IN-KIND POLITICAL CONTRI | BUTIONS | \$ | |
| 5 Date | 6 Full name of contributor out-of-state PAC (IDE: |) | 8 Amount of 9 In-kind contribution Contribution 5 description | |
| | 7 Contributor address; City; State; Zip Coc | | | |
| 10 Principal acc | Supplied / John title (FOR NON HIDIOMALVE | wind firm a | Check if travel outside of Texas. Complete Schedule T. | |
| rincipal occ | cupation / Job title (FOR NON-JUDICIAL) (See Instructions) | TI Employe | er (FOR NON-JUDICIAL)(See Instructions) | |
| 12 Contributor's | s principal occupation (FOR JUDICIAL) | 13 Contribu | utor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law firm | n of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor | r is a child, iaw firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date | Full name of contributor |) | Amount of In-kind contribution Contribution \$ description | |
| | Contributor address; City; State: Zip Co | de | Check if travel outside of Texas. Complete Schedule T. | |
| Principal occ | supation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employe | er (FOR NON-JUDICIAL) (See Instructions) | |
| Contributor's | principal occupation (FOR JUDICIAL) | Contribu | stor's job title (FOR JUDICIAL) (See Instructions) | |
| Contributor's | employer/law firm (FOR JUDICIAL) | Law firm | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
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| If | ATTACH ADDITIONAL COPIES OF TI | | | |

| PLED | GED CONTRIBUTIONS | | | SCHEDULE B |
|------------------|---|--|-----------------------------|---|
| Th | e Instruction Guide explains how to complete t | this form. | 1 Total pages Scher | dule B: |
| 2 FILER NAMI | nek. Duffy | | 3 Filer ID (Ethics (| Commission Filers) |
| 4 TOTAL O | F UNITEMIZED PLEDGES | | \$ | |
| 5 Date | 6 Full name of pledgor | #:) | 8 Amount of Pledge \$ | 9 In-kind contribution description |
| | 7 Pledgor address; City; State; | Zip Code | | |
| | | | Check if travel out | : side of Texas. Complete Schedule T |
| 10 Principal occ | cupation / Job title (See Instructions) | 11 Employer (See | | |
| Date | Full name of pledgor out-of-state PAC (ID) | #:) | Amount of Pledge \$ | In-kind contribution description |
| | Pledgor address; City; State; | Zip Code | | |
| | | | Check if travel outs | side of Texas. Complete Schedule T |
| Principal occu | upation / Job title (See Instructions) | Employer (See | Instructions) | |
| Date | Full name of pledgor | #:) | Amount of Pledge \$ | In-kind contribution description |
| | Pledgor address; City; State; | Zip Code | | |
| | | | Check if travel outs | side of Texas, Complete Schedule T. |
| Principal occi | upation / Job title (See Instructions) | Employer (See | Instructions) | TOTAL PROGRAMMENT COMMENTER THE PROPERTY OF THE STATE OF |
| Date | Full name of pledgor | E) | Amount of Pledge \$ | In-kind contribution description |
| | Pledgor address; City; State; | Zip Code | | |
| | | | Gheck if travel outs | ide of Texas. Complete Schedule T. |
| Principal occu | pation / Job title (See Instructions) | Employer (See | Instructions) | |
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| ! * (| ATTACH ADDITIONAL COPIES of contributor is out-of-state PAC, please see ins | | | requirements. |

| LOANS | | | SCHEDULE E |
|--|--|--|---------------------------------------|
| The | e Instruction Guide explains how to comp | lete this form. | 1 Total pages Schedule E: |
| 2 FILER NAME | ek. Duffy | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UI | NITEMIZED LOANS | | \$ |
| 5 Date of loan | 7 Name of lender out-of-state | PAC (ID#:) | 9 Loan Amount (\$) |
| 6 Is lender a financial Institution? | 8 Lender address; City; | State; Zip Code | 10 Interest rate 11 Maturity date |
| ΥΝ | | | TT Waterly Sales |
| 12 Principal occupati | ion / Job title (See Instructions) | 13 Employer (See Instructions) | - |
| 14 Description of Col | llaterai | 15 Check if personal funds were account (See Instructions) | deposited into political |
| 16 GUARANTOR INFORMATION | 17 Name of guarantor | | 19 Amount Guaranteed (\$) |
| not applicable | | State: Zip Code | |
| 20 Principal Occupa | tion (See Instructions) | 21 Employer (See Instructions) | |
| Date of loan | Name of lender out-of-state | PAC (ID#:) | Loan Amount (\$) |
| Is lender a financial Institution? | Lender address; City; 5 | State; Zip Code | Interest rate |
| Y N | | | Maturity date |
| Principal occupation | on / Job title (See Instructions) | Employer (See Instructions) | |
| Description of Coll | ateral | Check if personal funds were | deposited into political |
| none | | account (See Instructions) | |
| GUARANTOR INFORMATION | Name of guarantor | | Amount Guaranteed (\$) |
| | Guarantor address; City; S | State; Zip Code | |
| not applicable | | | |
| Principal Occupation | on (See Instructions) | Employer (See Instructions) | |
| ff h | ATTACH ADDITIONAL COPender is out-of-state PAC, please see ins | PIES OF THIS SCHEDULE AS NE struction guide for additional re | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

| | EXPE | NDITURE CATE | GORIES F | OR BOX 8(a) | |
|--|----------------------------------|---------------------------------------|---|----------------------------|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment | al Committee Legal Servic | ge Expense Memorials Expense es | Office Overh Polling Expe Printing Exp Salaries/Wa | ense ges/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |
| | The Instr | uction Guide explai | ns how to co | mplete this form. | |
| 1 Total Schedule F1: | AWIK | K. W | 4RJ | | 3 Filer ID (Ethics Commission Filers) |
| 4 Pate (14) 17 | 5 Payee name W | 8W.1 | nol | | |
| 6 Amount (\$) | Polost Form | 40190 ancis | Zip Code | ACKI | 40 |
| 8 | (a) Category (See Categori | es hated at the top of this | schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Advert | ising jevese |)) | [] | outside of Texas. Complete Schedule T. tln. TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officer | older name | M | Childe adriant | Mamily 1913 |
| Date | Payee name | | U | | |
| 8/117 | WIY.C | ou, Iv | W. | | |
| Amount (\$) | Payre address; | City: State; 2 | Cip Code | DCAC | 4140 |
| PURPOSE OF EXPENDITURE | Category (See Categoric Adventi | es listed at the top of this: | schedule) | | outside of Texas. Complete Schedule T. in. TX, officeholder living expense |
| | | | | | |
| Complete ONLY if direct expenditure to benefit C/OF | Candidate / Officeh | K, DU | HL_ | Office sought | Council P13 |
| Date | Payee name | | 1 | | |
| 8/18/17 | Wiv. | Call | 10 <u>.</u> | , | |
| Amount (\$) | Payee address; | City; State; Z | ip Code | | |
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| | Caregory (See Categorie | listed at the top of this s | chedule) | Description | • |
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| EXPENDITURE | CAM | | 0 | L Check if Austir | n, TX, officeholder living expense |
| Tropposition | C X D | PMORP |) | | |
| Complete ONLY if direct | Randidate / Officeh | older name | /m/ | Office sought | 1 Office Meldy a |
| expenditure to benefit C/OH | Anne | AND. | 4代 | CP Ci | Heneral 13 |
| | ATTACH ADDI | TIONAL COPIES | OF THIS SO | HEDULE AS NEI | EDE(D) |
| orms provided by Taxas Ethi | an Camminaina | | | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politicat Credit Card Paymenl | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | CORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above) |
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| 4 Date | 5 Payee name NIX DM | ncil | |
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| 9/127/17 | Payee name WIY. COM, II | ΛO. | 0 |
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| PURPOSE OF EXPENDITURE | Category (See Categories) listed at the top of this | Check if travel of | outside of Texas. Complete Schedule T. in, TX, officeholder living expense |
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| | ATTACH ADDITIONAL COPIE | S OF THIS SCHEDULE AS NE | EDED () |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Contributions/Donations Made By Gift/Awards/Memorials Expense Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Schedule F1: 2 FILER NAME 1 Total p 5 Payee name 4 Date State: Zip Code 6 Amajunt (\$) City: Payee address: (b) Description (See Categories isted at the top of this schedule) 8 (a) Category Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Check If Austin, TX, officeholder living expense **EXPENDITURE** Candidate / Officet 9 Complete ONLY if direct expenditure to benefit C/OH Date State; Amount (\$) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder **diffice sought** Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code Amount Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense **EXPENDITURE**

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

| | EXPENDITI IRE CAT | EGORIES FOR BOX 8(a) | |
|--|---|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries:/Wages/Contract Labor tins how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |
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| 4 Date 17 17 | 5 Payee name | ncl | |
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| | (a) Category (See Categories) sted at the top of the | is schedule) (b) Description | 1 |
| 8 PURPOSE | 12 (2005-51) | Check if travel | outside of Texas. Complete Schedule T. |
| OF EXPENDITURE | TANDA 1190 ING | Check if Aus | tin. TX, officeholder living expense |
| mai mrepri orth | THEIR | 3e | |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / OfficeHolder name | And Office sayons | familie Heid 3 |
| Date : | Payee name | Ü | |
| 12/27/17 | WIL. COM. 1 | NO. | |
| Amount (\$) | Payee address; City: State; | Zip Code | |
| 400 | Contrarces | 0 CA 94140 | |
| | Category (See Categories listed at the top of t | | outside of Texas. Complete Schedule T. |
| PURPOSE OF | Advertising | | stin, TX, officeholder living expense |
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| Complete ONLY if direct expenditure to benefit C/Oi | Candidate / Officeholder name | Office sought | y Cauncil P13 |
| Date | Payee name | U | |
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| | Category (See Categories listed at the top of | this schedule) Description Check if trave | el outside of Texas. Complete Schedule T. |
| PURPOSE OF | · | ļ | stin, TX, officeholder living expense |
| EXPENDITURE | | | |
| 2.000 | Candidate / Officeholder name | Office sought | Office held |
| Complete ONLY if direct expenditure to benefit C/O | | | , |
| | ATTECH ADDITIONAL COD | ES OF THIS SCHEDULE AS N | FEDED |
| | ATTACH ADDITIONAL COP | ED OF THIS SUPERULE AS N | lander has bed |

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

| Consulting Expense Contributions/Donations Made (Candidate/Officeholder/Politic | | Office Overnead/Hental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor | Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (notice a stance) and listed above) |
|--|---|---|--|
| | * | ins how to complete this form. | Other (enter a category not listed above) |
| 1 Total pages Schedule F2: | 2 FILEANAME X, DU | PRI | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITE | MIZED UNPAID INCURRED OBLI | GATIONS | \$ |
| 5 Date | 6 Payee name | | |
| 7 Amount (\$) | 8 Payee address; City; State; | Zip Code | |
| 9 TYPE OF EXPENDITURE | Political | Non-Political | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of the | Checki | on if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense |
| 11 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | Office held |
| Date | Payee name | | |
| Amount (\$) | Payee address; City; State; | ∄p Code | |
| TYPE OF EXPENDITURE | Political | Non-Political | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of th | Check if | on I travel outside of Texas. Complete Schedule T. If Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| | | | |
| | ATTACH ADDITIONAL COPIES O | F THIS SCHEDULE AS NE | EDED |

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

| *************************************** | | 1 Total pages Schedule F3: |
|---|--|--|
| | he Instruction Guide explains how to complete this form. | D |
| 2 FILER NAME | ned. Buty | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Name of person from whom investment is purchased | |
| | Č | |
| | 6 Address of person from whom investment is purchased: Cit | |
| | | |
| | | |
| | 7 Description of investment | |
| | | |
| | | |
| | 8 Amount of investment (\$) | |
| | | |
| | | |
| Date | Name of person from whom investment is purchased | |
| | | |
| | Address of person from whom investment is purchased; City | /; State; Zip Code |
| | | |
| | | |
| | Description of investment | |
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| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE | AS NEEDED |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense
Contributions/Donations Made By Polling Expense Travel In District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) ナベハノバ 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code TYPE OF Political Non-Political EXPENDITURE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit G/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code TYPE OF Non-Political EXPENDITURE Political Calegory (See Categories listed at the top of this schedule) __ Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wades/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other reverse a standary and listed shows?

| Candidate/Officeholder/Policedit Card Payment | P | initing Expense Travel Out Of District alaries/Wages/Contract Labor Other (enter a category not listed above) ow to complete this form. | |
|--|--|--|--|
| 1 Total pages Schedule G | 2 FILAR NAMENE K. BUT | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | 5 Payee name | | |
| 6 Amount (\$) Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Co | ode | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedul | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| 9 Complete ONLY if direct expenditure to benefit C | | Office sought Office held | |
| Date | Payee name | | |
| Amount (\$) Reimbursement from political contributions intended | Payee address; City; State; Zip Co | ode | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedul | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/ | | Office sought Office held | |
| Date | Payee name | | |
| Amount (\$) Reimbursement from political contributions intended | Payee address; City; State; Zip Co | de | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule | (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/ | Candidate / Officeholder name DH | Office sought Office held | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE H

| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
|---|--|---|---|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment | Fees Off Food/Beverage Expense Po By Gift/Awards/Memorials Expense Pri | an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense niting Expense laries/Wages/Contract Labor | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) | | | |
| Order Carar ayroon | The Instruction Guide, explains ho | w to complete this form. | | | | |
| 1 Total pages Schedule H: | 2 FILER JAME NEX, DU | PKI | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date | 5 Business name | | | | | |
| 6 Amount (\$) | 7 Business address; City; State; Zip Co | ode | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedu | Check if travel outside of | of Texas. Complete Schedule T. officeholder living expense | | | |
| 9 Complete ONLY If direct expenditure to benefit G/CF | Candidate / Officeholder name | Office sought | Office held | | | |
| Date | Business name | | | | | |
| Amount (\$) | Business address; City; State; Zip Co | ode | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedul | Check if travel outside o | of Texas. Complete Schedule T. officeholder living expense | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit G/OH | Candidate / Officeholder name | Office sought | Office held | | | |
| Date | Business name | | | | | |
| Amount (\$) | Business address; City; State; Zip Co | ode | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this scheduli | Check if travel outside o | Frexas. Complete Schedule T. Officeholder fiving expense | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

| The instruction Guide explains how to complete this form. | | | | | |
|---|--|--|--|--|--|
| 1 Total pages Schedule I: | 2 FILERNAME AWNEX. DUFF | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date | 5 Payee name | | | | |
| 6 Amount (\$) | 7 Payee address; City: State: Zip Code | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories.) | (b) Description (See instructions regarding type of information required.) | | | |
| Date | Payee name | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) | | | |
| Date | Payee name | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) | | | |
| Date | Payee name | | | | |
| Amount (\$) | Payee address; Clty; State; Zip Code | | | | |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

| The | dule K: | | | | |
|--|--|--------------------------|-------------------|--|--|
| 2 FILL NAME | s Commission Filers) | | | | |
| 4 Date | 5 Name of person from whom amount is received | å | 8 Amount (\$) | | |
| | 6 Address of person from whom amount is received; City; State; | Zip Code | | | |
| | 7 Purpose for which amount is received Check if | political contribution | returned to filer | | |
| Date | Name of person from whom amount is received | | Amount (\$) | | |
| | Address of person from whom amount is received; City; State; | | | | |
| | Purpose for which amount is received Check if p | political contribution | returned to filer | | |
| Date | Name of person from whom amount is received | | Amount (\$) | | |
| | Address of person from whom amount is received: City; State; | Zip Code | | | |
| 7 | Purpose for which amount is received Check if p | political contribution | returned to filer | | |
| Date | Name of person from whom amount is received | | Amount (\$) | | |
| To the second se | Address of person from whom amount is received: City; State; | Zip Code | | | |
| | Purpose for which amount is received Check if p | political contribution r | returned to filer | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |